

## Abstracts

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Acting Opioid (LAO) medication for chronic pain management. The LAOs considered were transdermal fentanyl (TF), controlled release morphine sulfate (CRMS) and controlled release oxycodone (CRO). **METHODS:** Medicaid beneficiaries from three states during 1999–2000 were studied. Patients were followed for at least one year, starting with their first LAO prescription in 1999. Patients who did not have a LAO in the six months prior to that index date were labeled “incident”, while patients with a history of LAO use were labeled as “prevalent”. Patients were then grouped by the opioid they received on the index date. Disease-type, demographics, health status, health care utilization, and expenditures were measured and compared among the three LAO cohorts. LAO costs and total annual health care expenditures by LAO cohort were compared using descriptive and multivariate analyses, for the incident and prevalent patient samples. **RESULTS:** Descriptive results indicate that incident (I) and prevalent (P) LOA annual cost for CRO (\$1361 I; \$4146 P) were significantly higher than costs observed for TF (\$1202 I; \$3061 P) or CRMS (\$919 I; \$3572 P) ( $p < 0.01$ ). After controlling for confounding characteristics, total annual health expenditures in the CRO incidence sample were similar to the CRMS sample. However, total annual health care expenditures for the CRO population were significantly lower than expenditures for the TF population, with an annual cost savings of about \$960 ( $p < 0.01$ ). Economic differences were not noted among the prevalent LAO populations. **CONCLUSIONS:** Total cost, not just pharmaceutical costs, should be considered when making policy decisions about insurance coverage for LAO drugs. In the incident sample, patients on TF cost about \$960 more per year ( $p < 0.01$ ), on average, compared to similar CRMS and CRO patients.

## PPNS

**AN OPIATE RENEWAL CLINIC: A COST EFFECTIVE APPROACH TO REDUCING UNSCHEDULED PATIENT VISITS**  
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**OBJECTIVES:** The number of patients on opiates for chronic non-malignant pain continues to grow. With an emphasis on treating pain, opiate medication is being used more often. Following patients in a Primary care clinic has become more difficult because of the increased time required to manage and assess medication effects and the large number of unscheduled walk-in visits. Our objectives were to reduce unscheduled walk-in visits, reduce substance abuse, and diversion. **METHODS:** We established a multidisciplinary opiate renewal clinic that meets once a week and sees between 20–50 patients in a group education setting. A thirty minute educational presentation is made each session; all patients undergo urine drug testing and blood work. Patients who are negative for prescribed medication receive a one week renewal and return date to rule out diversion. Patients who have street drugs present are referred for Substance abuse counseling and given a one week renewal. Patients who are impaired do not receive medication and appropriate referral is made. Patients who are compliant may receive a one month renewal and face-to-face visits every two months. **RESULTS:** Unscheduled walk-in visits decreased by 76%. Referrals for substance abuse treatment increased by 100%. It was previously difficult to diagnose substance abuse without drug testing. Approximately 32% of patients had positive urine for marijuana, cocaine or both. **CONCLUSIONS:** An Opiate renewal clinic for patients with chronic non-malignant pain and substance abuse can be a cost effective approach to management.

## PAIN

## PAIN—Quality Of Life Studies

## PPN6

**RELATIONSHIP BETWEEN PAIN AND PERCEIVED HEALTH STATUS IN OLDER PERSONS WITH POST-HERPETIC NEURALGIA**

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**OBJECTIVE:** Post-herpetic neuralgia (PHN, persistent pain following “shingles”) is common, especially among older persons. The pain often lasts well beyond the acute episode, occasionally lasting for several years. This study explored the impact of chronic pain on perceived health status in patients with PHN. **METHODS:** This was a community-based survey where persons aged  $\geq 65$  years with PHN were recruited via advertisements in 24 large US newspapers. Eligible subjects were sent a questionnaire to complete, which included items concerning PHN pain intensity in the prior week (current, average, worse, least), the EQ-5D, and a 100-point global health rating scale. **RESULTS:** A total of 385 persons participated in the study; 61% were age  $\geq 75$  years. Mean ( $\pm$ SD) current, average, worst, and least pain due to PHN was 4.0 ( $\pm 2.7$ ), 4.6 ( $\pm 2.1$ ), 6.0 ( $\pm 2.4$ ), and 2.9 ( $\pm 2.3$ ) respectively. Mean values for the EQ-5D weighted health index and the global health rating scale were 0.61 ( $\pm 0.26$ ) and 65.7 ( $\pm 21.1$ ). There was a strong relationship between pain intensity and overall health rating. Subjects with “mild” worst pain (range: 0–4) had a mean health rating of 73.8 ( $\pm 17.5$ ), while those with “moderate” (range: 4–7) or “severe” (range: 7–10) worst pain had mean values of 65.2 ( $\pm 21.0$ ) and 60.5 ( $\pm 22.6$ ) respectively. Similar results were obtained for other measures of pain intensity. The EQ-5D weighted health index varied in a similar fashion in relation to pain intensity. Subjects with “mild” average pain had a mean EQ-5D weighted health index score of 0.69 ( $\pm 0.17$ ) while those with “moderate” or “severe” average pain had mean values of 0.58 ( $\pm 0.27$ ) and 0.25 ( $\pm 0.31$ ) respectively. **CONCLUSIONS:** Pain intensity due to PHN is substantial and has a profound impact on self-reported health.

## PAIN

## PAIN—Health Policy Studies

## PPN7

**TRENDS IN MEDICAL USE AND ABUSE OF SUSTAINED-RELEASE OPIOID ANALGESICS: A REVISIT**

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**OBJECTIVES:** Previous literature suggests that increases in the medical use of opioids over the early 1990s did not contribute to increased morbidity secondary to opioid abuse. Our objective was to evaluate the period 1997–2001 to analyze trends in medical use and medical abuse of three classes of opioid analgesics that are commonly used in sustained-release formulations: fentanyl, morphine, and oxycodone. **METHODS:** A retrospective analysis of the Drug Abuse Warning Network (DAWN) database and the Automation of Reports and Consolidation Order System (ARCOS) database for the years 1997–2001 was used for this study. **RESULTS:** The analysis of the DAWN database showed that there was an 83.5% increase in all opioid analgesic mentions from 1997 to 2001. Mentions involving any fentanyl compound increased 249.8%, any morphine compound